PTO/SB/17 (01-06)
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	perwork Soduction Act of			respond to a collection				control number	
Fees pursuant to the Consolidate TRANSMITTAL FOR FY 2006				Complete if Known Application Number 09/834,106					
						April 13, 2001			
				,g = 1-1		Bao FENG			
						P. Parthasarathy			
				2136					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		55392000900			
TOTAL AMOUNT OF PAYMENT (\$) 1,810.00				Attorney Docket No. 455392000				<u> </u>	
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FI	LING FEES	SE	ARCH FEES	EXAMIN	ATION FEES			
Application T	ype Fee (\$	Small Entity) Fee (\$)	Fee (\$	Small Entity (5) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)	
Utility	300	150	500		200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300		160	80		•	
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CL			-	•	-	- -		Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple depen	dent claims						360	180	
Total Claims				Paid (\$)	(\$) Multiple Deper				
	24 24 = x =highest number of total claims paid for, if greater than 20.		<u>Fee (\$)</u>		<u> </u>	Fee Paid (\$)			
_			Eoo	Paid (\$)	-				
Indep. Claims 6	Extra Claims	<u>Fee (\$)</u> × =	ree	raiu (\$)					
	ber of independent claims	paid for, if greater tha	n 3.	_					
3. APPLICATION	N SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
	der 37 CFR 1.52(e)),				or small en	tity) for each ad	ditional 50)	
	raction thereof. See 3				. 4 4 . .	Fac (\$)	Eas I	Daid (¢)	
Total Shee		s <u>Number (</u> /50	or each a	additional 50 or frac			<u>ree i</u>	Paid (\$)	
100 = /50 (round up to a whole number) x 4. OTHER FEE(S)							Fees Paid (\$)		
	h Specification, \$13	0 fee (no small en	tity disc	count)			<u> </u>		
Other (e.g., late filing surcharge): 1253 Extension for response within third month								20.00	
1801 Request for continued examination (RCE) (see 37 790.00									
SUBMITTED BY		/		I Davidson M					
Signature	1-14/h			Registration No. (Attorney/Agent)	54,063	Telephone	(703) 76	0-7739	
Name (Print/Type)	James M. Denard	, 				Date	April 18	, 2006	
	- J								